MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO 10-586650

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1	1	1			51							
2		1					52							
3		2		1			53							
4							54							
5							55							
6							56							
7							57							
8							58							
9							59							
10		cancel					60							
11							61							
12							62							
13							63							
14							64							
15							65							
16							66							
17							67							
18							68							
19							69							
20							70							
21							71							
22							72							
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29							79							
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36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.		↓	1	↓		↓	TOTAL IND.			↓		↓		↓
TOTAL DEP.		←	8	←		←	TOTAL DEP.			←		←		←
TOTAL CLAIMS			9				TOTAL CLAIMS							

TO - 1360 (REV. 11/04)